

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Candice B. Norwood
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

95 MAY 10 AM 10:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **K50778** (5)

1. Corporation Name

MAS & ASSOCIATES, INC.

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **12/12/1988** 3a. Date of Last Report **05/01/1994**

4. FEI Number **65-0086477** Applied For ☐ Not Applicable ☐

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contributor ☐ **\$5.00 May Be Added to Fees**

8. This corporation has liability for intangible tax under S. 190.032 Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business

**8803 S DIXIE HWY
STE 217
MIAMI FL 33143
US**

2a. Mailing Address

**PO BOX 430780
MIAMI FL 33243-0780
US**

21. State Apt # etc

26. State Apt # etc

22. City & State

27. City & State

23. City

28. City

24. Country

29. Country

30. Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**MAS, LISA L.
6301 SW 106 STREET
MIAMI FL 33156**

81. Name

82. Street Address (P.O. Box Number is Not Acceptable)

83. City

84. City

FL

85. Zip Code

11. Pursuant to the provisions of Sections 607 (b)(3) and 607 (15)(b) Florida Statutes, the above named corporation submits the statement for the purpose of changing its registered office or registered agent or both in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of Section 607 (b)(3), Florida Statutes.

SIGNATURE

Lisa L. Mas, Lisa L. Mas, Vice President

s/s/s

12. OFFICERS AND DIRECTORS

13. ADDITIONAL CHANGES TO OFFICE OR AGENT INFORMATION

1. NAME	PDT
2. STREET ADDRESS	MAS CANOSA, RAMON E
3. CITY	6301 SW 106TH STREET
4. STATE	MIAMI FL
5. NAME	VDS
6. STREET ADDRESS	MAS, LISA L
7. CITY	6301 SW 106TH STREET
8. STATE	MIAMI FL
9. NAME	
10. STREET ADDRESS	
11. CITY	
12. STATE	
13. NAME	
14. STREET ADDRESS	
15. CITY	
16. STATE	
17. NAME	
18. STREET ADDRESS	
19. CITY	
20. STATE	

1. NAME	☐ Change ☐ Addition
2. NAME	
3. STREET ADDRESS	
4. CITY	
5. STATE	
6. NAME	☐ Change ☐ Addition
7. NAME	
8. STREET ADDRESS	
9. CITY	
10. STATE	
11. NAME	☐ Change ☐ Addition
12. NAME	
13. STREET ADDRESS	
14. CITY	
15. STATE	
16. NAME	☐ Change ☐ Addition
17. NAME	
18. STREET ADDRESS	
19. CITY	
20. STATE	

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and claims and qualify for the exemption stated in Section 190.03(2)(b), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath. That I am an officer or director of the corporation or the recipient of business correspondence to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Ramon E. Mas, Ramon E. Mas, President*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

s/s/s

(95) 065-2344

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FLORIDA DEPARTMENT OF STATE
JENNIFER A. WILSON
TALLAHASSEE, FLORIDA 32399-0001
407-291-2700

DOCUMENT # **K51602**

(6)

FISHER & FISHER, CPAS, P.A.

RECEIVED
MAY 12 1995
STATE OF FLORIDA
TALLAHASSEE

1501 VENERA AVE STE 225
CORAL GABLES FL 33146

1501 VENERA AVE STE 225
CORAL GABLES FL 33146

DO NOT WRITE IN THIS SPACE

2. Date of Report		2a. Mailing Address		3. Date of Incorporation or Reincorporation		3a. Date of Last Report	
21		2a		12/08/1988		05/09/1994	
22		26		4. Filing Number		Applied Fee	
23		27		65-0108931		Not Applicable	
24		28		5. Certificate of Status Requested		☐ \$8.75 Additional Fee Required	
25		29		6. Election Campaign Financing Trust Fund Contribution		☐ \$5.00 May Be Added to Fees	
26		30		7. This corporation has liability for information under S. 150.032 Florida Statutes		☐ Yes ☒ No	

9. Name and Address of Current Registered Agent

FISHER, JOSEPH L.
1501 VENERA AVE STE 225
CORAL GABLES FL 33146

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Applicable)	
83	
84 City	FL
85 Zip Code	

11. Pursuant to the provisions of Sections 150.01 and 150.03, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office and registered agent in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept this appointment as registered agent. I am familiar with and accept the obligations of the laws of the State of Florida.

SIGNATURE

12. OFFICERS AND DIRECTORS		13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS	
NAME	D FISHER, JOSEPH L. 1501 VENERA AVE 225 CORAL GABLES FL	NAME	☐ Change ☐ Addition
STREET ADDRESS		STREET ADDRESS	
CITY	D FISHER, MILTON G. 1501 VENERA AVE 225 CORAL GABLES FL	CITY	☐ Change ☐ Addition
STATE		STATE	
ZIP CODE		ZIP CODE	
DATE		DATE	
NAME		NAME	☐ Change ☐ Addition
STREET ADDRESS		STREET ADDRESS	
CITY		CITY	
STATE		STATE	
ZIP CODE		ZIP CODE	
DATE		DATE	
NAME		NAME	☐ Change ☐ Addition
STREET ADDRESS		STREET ADDRESS	
CITY		CITY	
STATE		STATE	
ZIP CODE		ZIP CODE	
DATE		DATE	

14. I, the undersigned, certify that the information supplied with this filing is substantially true and correct and that I am qualified to act as a registered agent for the corporation. I hereby declare under penalty of perjury that the information is true and correct and that my signature shall have the same legal effect as if made under oath. That I am an officer or director of the corporation or the registered agent or person authorized to execute this report as required by Chapter 150, Florida Statutes, and that my name appears in Block 12 or Block 13 of this report. I am filing this report with an address:

SIGNATURE:

Joseph L. Fisher
JOSEPH L. FISHER
DIRECTOR

5-9-95

305-66-2559